

300000 21057 2/13/13

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCB
 AsOfDate 02/11/2013
 Voucher Vchr VchrlneDescr Distr Account Account Fund VendorName Withhold Year Month PurchaseOrder Invoice Number Total Amount

00325171	1	Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001		2013	02	0000097734	Adams, R. 2.4-2.	435.00
Total For Voucher													435.00

VP

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500

Voucher ID: 00325171

Voucher Style: Regular

Vendor: ADAMS, RICHARD B

RUIDOSO PUBLIC HEALTH OFFICE
RUIDOSO, NM 88345

Invoice Number: Adams, R. 2.4-2.7.13

Invoice Date: 02/08/2013


Total: 435.00

*Pay Terms: Pay Now Schedule Payments

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000097303 Location: 001 *Address: 1 ADAMS, RICHARD B
RUIDOSO PUBLIC HEALTH OFFICE
103 KANSAS CITY RD
RUIDOSO, NM 88345

Gross Amount: 435.00 USD

Discount: 0.00 USD Discount Denied

Late Charge

Scheduled Due: 02/08/2013 

Net Due: 02/08/2013

Discount Due:

Accounting Date:

Find | View All First  1 of 1  Last  **Payment Method**

*Bank: WFB10

*Account: B Pay Group: RE

*Method: ACH ACH *Netting: N Message: 

Message will appear on remittance advice.

AGENCY

NAME DEPARTMENT OF HEALTH

STATE OF NEW MEXICO

ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE

1

DATE

2/8/2013

AGENCY

CODE 66500

VOUCHER NUMBER

00325171

NAME

Richard Adams

CAR LICENSE NUMBER

SG-1984

POST OF DUTY

Ruidoso

PROPOSED

(ADVANCE VOUCHER)

VENDOR NUMBER

97303

MODEL

Nissan

RESIDENCE

REG. WORK DAY

8:00 AM THRU 5:00 PM

YEAR

2011

Ruidoso

(RECOUPMENT VOUCHER)

DATE

TIME: SHOW AM OR PM

CHARACTER OF EXPENDITURES

ODOMETER/MAP MILES

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

2/4/2013

6:00am

Depart Ruidoso to Santa Fe Overnight-Santa Fe rates apply

ENTER START & FINISH

0

0.00

\$ 135.00

135.00

135.00

2/5/2013

6:00pm

Overnight-Santa Fe rates apply

ENTER START & FINISH

0

0.00

\$ 135.00

135.00

135.00

2/6/2013

6:00pm

Overnight-Santa Fe rates apply

ENTER START & FINISH

0

0.00

\$ 30.00

30.00

30.00

2/7/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

0

0.00

\$ 30.00

30.00

30.00

2/8/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

0

0.00

\$ 30.00

30.00

30.00

2/9/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

0

0.00

\$ 30.00

30.00

30.00

2/10/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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0.00

\$ 30.00

30.00

30.00

2/11/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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0.00

\$ 30.00

30.00

30.00

2/12/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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0.00

\$ 30.00

30.00

30.00

2/13/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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\$ 30.00

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2/14/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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2/15/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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2/16/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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\$ 30.00

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2/17/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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2/18/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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2/19/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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\$ 30.00

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2/20/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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\$ 30.00

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2/21/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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2/22/2013

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Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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2/23/2013

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Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

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2/24/2013

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Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

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2/25/2013

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Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

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2/26/2013

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Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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2/27/2013

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Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

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2/28/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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\$ 30.00

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2/29/2013

6:00pm

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

ENTER START & FINISH

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0.00

\$ 30.00

30.00

30.00

Signature

(DOH-General Accounting Use Only)

Date

PAYEE SIGN HERE:

Richard Adams

(TYPE PAYEE NAME)

2-5-13

Signature required on overnight lodging exceeding \$215.00 per night:

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act.

☐ I ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL

SECTION 10-8-5 (I), NMSA 1978

Per Diem is Based on (Check One)

ACTUAL EXPENSES

☐ I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.

APPROVED RATES

Employee Signature

Date

X

X

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Cabinet Secretary and staff in Santa Fe.					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	02/01/13	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	02/04/13	Time:	06:00 AM	Return Date: (month/day/yr)	2/7/13 Time: 06:00 PM
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

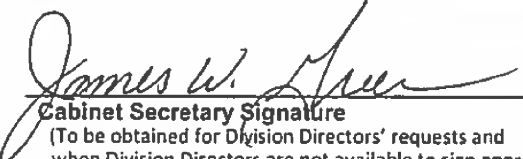
546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 435.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 2-5-13
Employee Signature Date

Supervisor/Bureau Chief Signature Date

Division Director/Hospital Administrator
(As per specific division requirements) Date

 2/6/13
Cabinet Secretary Signature Date
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)